

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		06/28/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			8-29-01
RESPONSE FORMALITY REVIEW	N/A A-S	943	11-8-1

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 1	✓
1 2	✓ 0
3 3	
4 4	
5 5	0
6 6	✓
7 7	0
8 8	0
9 9	0
10 10	✓
11 11	✓
12 12	✓ 0
13 13	0
14 14	N ✓
15 15	1 0
16 16	
17 17	
18 18	
19 19	0
20 20	✓
21 21	0
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31 31	
32 32	✓ 0
33 33	✓ ✓
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45 45	
46 46	
47 47	✓
48 48	✓ =
49 49	
50 N	

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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 T-1960  
 10/29/01  
 3/3/02  
 5/11/02